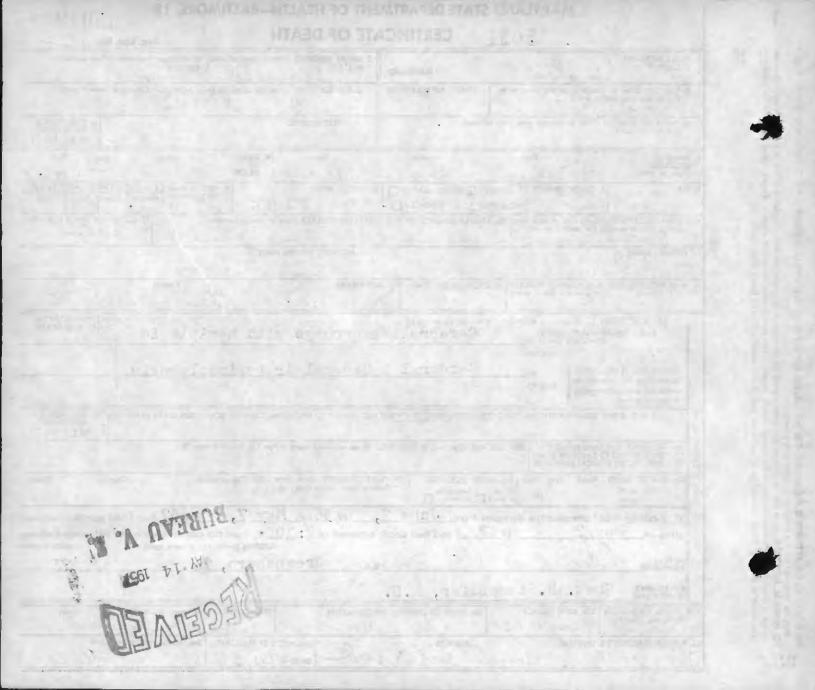
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director filed pe corbon гетоме permit. CTOR: P G shoul Poge 3 shoul 15M 9/55



permit. Then please remave carbon papers. Pages 1 and in any event within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05020

۶.	5032	CERTIFIC	CATE OF DE	ATH		Reg. Dist. N	0. 61	4
1. PLACE OF DEATH o. COUNTY Caroline		MARYLANI	2. USUAL RESIDENCE OF STATE	CE (Where decease ry land	d lived. If institution b. COUNTY		fore admis	
b. CITY OR TOWN (If autside carpord RURAL and give nearest tawn) Erederalsburg	ate limits, write	40 years		N (If outside corpo Federa	lsburg,	URAL and give n	earest faw	n)
d. NAME OF HOSPITAL (If not in hos or INSTITUTION W. Cent		oddress) enue	d. STREET ADDR		tral Av	enue	ONA	SIDENCE A FARM? NO 🔝
3. NAME OF DECEASED (Type or print) Sa	First 11ie	Middle	Handy	4. DATE OF DEATH	May			Year 19 57
5. SEX 6. COLOR OR Whit		RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH Feb. 23,	186\$9	9. AGE (In years last birthday) 88 yrs.	Months Days	-	-
100. USUAL OCCUPATION (Give kind of during most of working life, even if HOUSEWIFE 3. FATHER'S NAME	wark dane 10b. retired)	Housewife	Dela 14. MOTHER'S MA	ware	ountry)	12. CITIZEN	of WHAT	
Louis W. Is. WAS DECEASED EVER IN U. S. ARME (Yes. no. or unknown) Ill yes, give wor or of NO NO	D FORCES? 16.	SOCIAL SECURITY NO. 17	Ca.	therine	Addi	eralsbı	1.75 (2)	D.S.C.
PART I. DEATH WAS CAUSE IMMEDIATE CA 4222 Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse last.	D BY: USE (o) UE TO (b) UE TO	ne far (a), (b), and (c).	myo	cardit		IN OF	TERVAL BI	ETWEEN DEATH
PART II. OTHER SIGNIFICAN PART II. OTHER SIGNIFICAN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING IT CAUSE OF E U [IF EITHER, NOTIFY MEDICAL EXAM	C) 206. DES	CONTRIBUTING TO DEATH E				EN IN PART 1(0)	19. WAS PERFO YES	ORMED?
3	y, Year 20d. I While 19 at war	NJURY OCCURRED 20e. Nat while	PLACE OF INJURY (Homfoctory, street, affice bld	e, farm, 20f. (City g., etc.)	(ar tawn)	ind on the d	saw the	
220. BURIAL, CREMATION, 22b. DATE 1 REMOVAL (Specify) BURIAL	HEREOF 18,195	22c NAME OF CEMETERY Hillcres			TION (City, fown, o		(Stot	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should retached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the registrar page 5 burial, crematian, ar remaval, and in any event within 72 haurs often death.

23. FUNERAL DIRECTOR'S SIGNATURE Wallen W

ADDRESS Federalsburg,

Cemeter 240. REC'D SY REGISTRAR

246. REGISTRAR'S SIGNATURE
Margaret A. Frampton DATE TALLY 18

BUREAU V. S.

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CERTIFICATE OF DEATH.

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VS A15 (4) 15M 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5035 CERTIFICATE OF DEATH

8 05023 Reg. Dist. No. 64

1.	PLACE OF DEATH	aroline	1	MAI	RYLAND	2. USUAL RESI	2.0	land	ived. If instituti b. COUNTY		oline	mission)
	b. CITY OR TOWN (If RURAL and give ne Federa		its, write	6. LENGTH OF STA		c. CITY OR		alsbur	te limits, write I	RURAL and g	ive nearest ((awn)
	d. NAME OF HOSPITA OR INSTITUTION	Denton		oddress)		d. STREET A	_	n Road	, n		O	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)	Orval	rst	Donal		Ree	**	4. DATE OF DEATH	May Mor	21	Day	Yeor 1957
5.	sex Male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARE		June 2'			AGE (In years lost birthday) 55 yrs.	Months	Doys Hou	NDER 24 HRS.
L	J. USUAL OCCUPATIO during most of working Labore	ng life, even if relired)	kind of Business Prozen Foo		nt Pr	eston,	Maryl			J.S.A.	AT COUNTRY?
1,2,		am S. Reed				14. MOTHER'S						
15	WAS DECEASED EVER			SOCIAL SECURITY N	O 17 IN	FORMANT	re G.	Willia	MS QII,	leave		
(Ye		t yes, give wor or dates of s		217-03-154	let .	ice E. I	Reed,	Federa			land	
CERTIFICATION		he under DUE TO (c) ER SIGNIFICANT CON)) DITIONS (CRIBE HOW INJURY						YEN IN PART	1(a) 19. W/PEI	RFORMED?
	ELLER HOLLER		200. 003	CKIDE HOW INJURY	OCCURRED	. ţciiler naiyire a	ar injury at re	un i di rom ii	or new to.)			
MEDICAL	20c, TIME OF INJURY Hour a. ft. p. m.	Month, Day, Yea	While of wor	NJURY OCCURRED Not while at work		CE OF INJURY (ary, street, affici			r town)	(C	ounly)	(Stole)
22	ACTUAL SIGNATURE PHYSICIAN'S NAME (Typo)	T. Me	12:	7, and the	eath	occurred at	5 A. /3n	M, from	the causes of the cause of	and on the	e date st	ne deceased ated above. DATE SIGNED
	REMOVAL (Specify)	May 25.									9 91	

CERTIFICATE OF DEATH

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BUREAU V. S.

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	5094								
5.9 £	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2024								
d b	Reg. Dist. No. 4 44									
should sh	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Whare deceased lived. If Institution: Residence be O. STATE COUNTY D. COUNTY MARYLAND	fore admission)								
20 8	b. CITY OR FOUND (If outside corporate limits, write RURAL and give a	neprest town)								
Pog	Cural Julas life X/ Cupal 1 Julos									
irector	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitat, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FABM? YES NO								
ny dela meral d your fi gistrar	3 NAME OF DECEASED (Type or print) George Schiefen & Day Schiefen & Day Seath Many &	Year 1957								
the for	5. SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED 8. DATE ON IRTH 9. AGE (In years log brindgy) WIDOWED DIVORCED DIVORCED VIS. No. 101 Drinds Days	IF UNDER 24 HRS. Hours Min.								
3 to with with		F WHAT COUNTRY?								
The day	10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	11								
S may	13. FATHERIS NAME Schally SV 14. MOTHER'S MAIDEN THANK Triaph	in								
Poge ile pog	15. WAS DECEASED VER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Yes, no, or unknown) (Yes, no, or unknown)									
# O O O	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	RVAL BETWEEN								
rm Ply permi	PART I. DEATH WAS CAUSED BY. LAD MONORY ACCLUSION DE	LARDEN -								
in Her with fo	(Conditions, if any, which) (D) Cloronary Sclories	141								
auld b	gove rise to immediate couse (a), stating the underlying Couse lost. (b)									
\$ = 8 B		IP WAS AUTOPSY								
S S S S S S S S S S S S S S S S S S S		PERFORMED?								
pendi ipend niner's I be us	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS CAUSE OF DEATH.									
R: Thi	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County)	{Stole}								
dic ag										
X W		, and find that								
O. S.	death resulted from: Natural causes 🔼 Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined cause 📋.									
Sole	ACTUAL DOLLAR STORY	DATE SIGNED								
A THE SECOND SEC	SIGNATURE LYCLOSTON O INDICAL EXAMINER (-11-54								
he canded strated movel	EXAMINER'S NAME (Type) DAVI(SDA) CLOAS & DEPUTY MEDICAL EXAMINER DEPUTY MEDICA									
FUNE FUNE FUNE	220 BIRIAL CREMATION 225 DATE THEREOF 22C. NAME OF CENTETERY OR CREMATORY 22d. LOCATION (Git, 19mm, or county)	(State)								
F - P	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR S SIGNATURE	IRE								
VS A15ME(5) E	Je Verga prove for parton DATE 67/1/57 Mond O J.	unge_								
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DECENTED TO

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BUREAU V. E.

1		MARYLAND STATE DEPA	RTMENT OF HEALTH-BALTIMORE, 18	05000
		5038 CERTII	FICATE OF DEATH Reg. Dist. N	05026
filed with		PLACE OF DEATH o. COUNTY Caroline MARYL	2. USUAL RESIDENCE (Where deceased lived if institution; Residence be o STATE b. COUNTY Carol	
neral d		b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY I		
No.		Rukal ond give reporest town) Federalsburg 32 y	ra Federalsburg	
n by the		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R. F. D.	d STREET ADDRESS	e is res dence On a farm? YES NO
illed in		NAME OF DECEASED (Type or print) Willie M. Towers	Lost 4. DATE Month of DEATH May 28, 1957	Day Year
Pag Pag		SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED	1 - 4 3 45 1 - 4	R IF UNDER 24 HRS
completed was a second of the		fem. white WIDOWED DIVORCED	May 23, 1881 76 yrs	
and carried	X	during most of working life, even if retired 10b. KIND OF BUSINESS OR housewife even if retired none	Smithston, Md. U.S	OF WHAT COUNTRY?
		John E. Willoughby	Rennie (last name unk)	
physician move con haurs offi		. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.	(nown)
ng p	47	rio or unknown) (If yes, give wor or dates of service) YES	Nettie Whitby Federalsburg,	Md.
a ottendi e ottendi en pleas at within		PART I. DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) CAN Blo	ck, (adams Stokes) 15	TERVAL BETWEEN USET AND DEATH MUM
d by the		Conditions, if ony, which) (b) ASCVD	with st. hemiplegia	3 mon
require an. n signer sit per	0	gove rise to immediate cause (a), stating the underlying cause last. DUE TO And the underlying cause last.	tion Diabetes	Dyn.
physici physici ial-tran saval, a		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY VERFORMED? YES NO
ending ficate h ficate h the bur ar ren		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter notice of injury-in Port I or Port II of item 18.)	
al ar att his certi r vse as ematian		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	20e PLACE OF INJURY IHome, form, 20f. (City or town) (County foctory, street, office bldg., etc.)	r) (Stole)
ospit frer l al, cr		21. I certify that I attended the deceased from		saw the deceased
Pach A		alive on 195, and that a	death occurred at PIHPM, from the causes and on the d	
ed by the RECTOR	1	ACTUAL SIGNATURE RICKLING	ADDRESS (Street, city or town, stote) M.D.	DATE SIGNED
se retaine BERAL DI 3 should gistror pr	*	PHYSICIAN'S R. C. KINASbury	12D	
may be page 3 the reg		REMOVAL (Specify)	TERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
O FOR THE PAGE AT	,	burial June 1,1957 Smiths FUNERAL DIRECTOR'S SIGNATURE ADDRESS	ston Cemetery near Preston, Md	
VS A15 (4) 15M 9/55	1	Harrey Williams Federalsbur		
13M 7733	4	120002000	G. The garet Wil, tal	Micsel

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HOSPITAL

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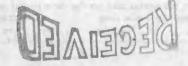
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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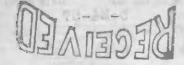


BY THE STATE OF TAKE DRIVEN OF THE STATE OF LIVING

CERTIFICATE OF DEATH

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